



City of Covington

Human Resource Department
200 W. Washington Avenue, Covington, TN 38019
(901) 476-9613

APPLICATION FOR EMPLOYMENT

1. This statement constitutes part of the examination process. All requested information on this form must be accurately and completely provided to be considered for this position.
2. Please be aware the information you provide is all that is available for the job screening process. Be specific in your experience, training and /or education.
3. Print or type only. Write N/A where requested information is not applicable.
4. Additional information may be attached to this form.
5. Federal law requires that all new employees provide proof of identity and employment eligibility at the time of employment. If you are hired, you must be able to provide one of the following: a US passport with attached employment authorization or an alien registration card with photograph. If you are hired and you do not have any of the above documents, you will be required to provide both a drivers license or state issued photo I.D. Card and one of the following: an original social security card, or certified copy of your birth certificate.

Date of Application: _____ Email: _____

Position Desired: _____ Minimum Salary you will accept \$ _____ per _____

Name in Full _____ Home Phone _____ Best time to contact _____
Last First Middle

Address _____ Cell Phone _____
Street

City _____ State _____ Zip Code _____

Are you a High School Graduate?	Schools attended beginning with last High School	Location (State)	Course or Major Studied
_____	H.S.		
If NO, have you obtained a GED _____	Coll.		
Are you a College Graduate? _____	Coll.		
What is/are your College Degree(s) _____	Other Training (Special Courses, Work Programs, etc.):		
	Military Service:		
	Veteran? Yes ___ No ___ Dates & Branch:		

ACQUIRED SKILLS

PLEASE CHECK AREAS IN WHICH YOU HAVE HAD EXPERIENCE OR TRAINING

<input type="checkbox"/> BOOKKEEPING	<input type="checkbox"/> WORD PROC.	<input type="checkbox"/> CUSTODIAL	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> ACCOUNTING	<input type="checkbox"/> SPREAD SHEET	<input type="checkbox"/> BUILDING MAINT.	<input type="checkbox"/> AUTO MECHANIC
<input type="checkbox"/> RECEPTIONIST	<input type="checkbox"/> DATA ENTRY	<input type="checkbox"/> TRACTORS	<input type="checkbox"/> CARPENTRY
<input type="checkbox"/> CUSTOMER SERV.	<input type="checkbox"/> 10 KEY CAL.	<input type="checkbox"/> HEAVY EQUIP.	<input type="checkbox"/> ELECTRICAL
<input type="checkbox"/> TRUCK DRIVING	<input type="checkbox"/> SUPERVISORY	<input type="checkbox"/> HAND TOOLS	<input type="checkbox"/> HVAC
<input type="checkbox"/> LAWN CARE/LANDSCAPING		<input type="checkbox"/> OTHER SKILLS _____	

EMPLOYMENT EXPERIENCE**IMPORTANT:**

1. LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, **BEGINNING WITH MOST RECENT.**
2. TAKE TIME TO FILL IN THESE BLOCKS CAREFULLY AND COMPLETELY. YOUR QUALIFICATIONS RATING DEPENDS IN A LARGE PART ON YOUR EMPLOYMENT HISTORY.

MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATIONS, AND RECORD OF EMPLOYMENT?

(A NO WILL NOT AFFECT YOUR CONSIDERATION FOR EMPLOYMENT.) ☐ **YES** ☐ **NO**

Employer:	Dates Employed From To		Work Performed
Address:			
Telephone Number(s):	Hourly Rate/Salary Starting Final		
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed From To		Work Performed
Address:			
Telephone Number(s):	Hourly Rate/Salary Starting Final		
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed From To		Work Performed
Address:			
Telephone Number(s):	Hourly Rate/Salary Starting Final		
Job Title: Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed From To		Work Performed
Address:			

Telephone Number(s):	Hourly Rate/Salary Starting Final	
Job Title: Supervisor:		
Reason for Leaving:		

IF ADDITIONAL EXPERIENCE BLOCKS ARE REQUIRED, PLEASE USE BLANK SHEETS AND ATTACH TO THIS FORM.

ARE YOU BETWEEN AGE 16 AND 18	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU AGE 18 OR MORE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU A CITIZEN OF THE UNITED STATES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO, PLEASE EXPLAIN YOUR WORK STATUS: _____		

DRIVERS LICENSE INFORMATION	TYPE: <input type="checkbox"/> REGULAR <input type="checkbox"/> COMMERCIAL (Denote Class A or B) ____ <input type="checkbox"/> OTHER
1. DRIVERS LICENSE NUMBER: _____ 2. YEAR OF RENEWAL _____	
3. STATE OR OTHER LICENSING AUTHORITY: _____	

HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>(A YES ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM MOST JOBS.)</i>		
CHARGE: _____	DATE OF CONVICTION: _____	STATE OF CONVICTION: _____
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF COVINGTON	YES <input type="checkbox"/>	YEAR ____ DEPT: _____
	NO <input type="checkbox"/>	

WHO REFERRED YOU TO US?	NEIGHBOR <input type="checkbox"/>	RELATIVE <input type="checkbox"/>	EMPLOYEE <input type="checkbox"/>	_____ Name
	FRIEND <input type="checkbox"/>	NEWSPAPER ADV. <input type="checkbox"/>	OTHER <input type="checkbox"/>	_____

List below any relative employed Currently or Previously by any department of the City of Covington.		
NAME	RELATIONSHIP	DEPARTMENT/POSITION HELD
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES			
List three persons, <u>other than relatives</u> , who have knowledge of your character.			
FULL NAME	MAILING ADDRESS (including zip code)	YEARS KNOWN	PHONE NO.
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

2 ALTERNATE: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____

AGREEMENT

I understand that this application will be retained for only one year from date of application and after that time, it will be necessary to re-apply for any desired position.

I hereby authorize investigation of all statements contained in this application, and it is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from City services if I have been employed.

I hereby authorize any person or organization whose name I have given as a reference, or by whom I have been previously employed, to furnish the City of Covington any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages.

I hereby authorize investigation of my criminal conviction record.

I agree, if employed, to abide by all the rules, regulations, and ordinances of the City of Covington.

I hereby give permission to the City of Covington Human Resource Department or its duly authorized representative to conduct post offer physical examination and drug screen. The results of these will be a factor in determining my suitability for the position for which I have applied.

I understand that this application for employment does not constitute an offer of employment or a contract of employment. I understand that nothing in the oral statements or written statements made by officials or employees of the City during any application, interview, or if hired, during the orientation period or subsequent employment creates any contract of employment. I affirm that I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. I further understand that employment with the City is not by contract express or implied, but is at-will. I understand that I or the City, if either chooses, may end the employment relationship at any time, for any reason. I understand that if employed all of the City's policies and procedures (in whole or in part), do not constitute a contract of employment.

I understand that if hired, the City's policies and procedures are subject to modification by the City at any time, with or without notice.

I certify that the information given herein is correct to the best of my knowledge.

Date_____
Signature of applicant (please sign full name)

The City of Covington does not discriminate against any individual for any reason, and will provide services to all citizens in a non-discriminatory fashion. The City is committed to a moral, ethical, and legal responsibility to ensure equitable employment practices regardless of an individual's race, color, religion, national origin, age, disability, sex or political affiliation. Upon request, we will provide reasonable accommodations to a disabled applicant who may need assistance to complete the application process.

FOR ADMINISTRATIVE USE ONLY

DATE INTERVIEWED: _____ POSITION INTEREST: _____

COMMENTS: _____

Interviewer: _____ Date: _____

Drug Screen Scheduled Date: _____

BACKGROUND SCREENING RELEASE & AUTHORIZATION FORM

PLEASE TYPE OR PRINT

FIRST NAME

MIDDLE NAME

LAST NAME (PLEASE INCLUDE JR, SR, III etc.)

I understand that the City of Covington, and their agents will seek and obtain consumer reports/investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include whichever are applicable but are not limited to verification of Social Security Number, names and dates of previous/current employment, work experience, work habits, work performance, professional and personal references, general reputation, personal characteristics and mode of living, workers compensation claims, criminal history records (from local, state, federal, international and other law enforcements agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/Patriot Act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for the City of Covington and/or its designated agents or representatives to conduct the searches and investigations. I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. This authorization and consent shall be valid in original, fax, or copy form.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the City of Covington. I also certify that all information provided below or on my resume and employment application is correct to the best of my knowledge. Any false statements provided on this form, my resume or employment application will be considered just cause for the termination of employment at any time. In addition, I hereby release the City of Covington and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization. Upon request, the City of Covington will supply a copy of my reports and my rights under the FCRA. Requests may be directed to the City of Covington, 200 West Washington Avenue, Covington, TN 38019 or by contacting us at 901-476-9613.

Responses to the following questions are completely voluntary, you need not respond to have your employment application considered. However, law enforcement agencies and other entities for positive identification purposes, require the following information when checking public records. It is confidential and will not be used for any other purposes.

Please print clearly.

First Name	Middle Name	Last Name	
Social Security Number	Date of Birth (mm/dd/yyyy)	Please Check One <input type="checkbox"/> Male or <input type="checkbox"/> Female	Race

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed

First Name	Middle Name	Last Name	Years Used

List all addresses, including current address for the past 7 years. Use the back of this form if more space is needed

Address, City and State	Zip Code	County	From Date	To Date

Complete if applying for a position that may involve driving a motor vehicle

Drivers License Number	State Issued	Expiration Date

Applicant Signature _____ Date _____